

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: October 13, 2006

Signature: 

(Harvey L. Cohen)

Docket No.:
DAVIES 3.0-001 CIP II
(PATENT)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Richard J. Davies

Application No.: 10/716,789

Group Art Unit: 3736

Filed: November 19, 2003

Examiner: M. Apanius

For: ELECTROPHYSIOLOGICAL APPROACHES
TO ASSESS RESECTION AND TUMOR
ABLATION MARGINS AND RESPONSES
TO DRUG THERAPY

RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

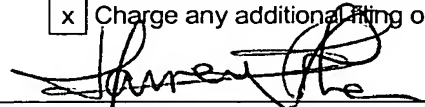
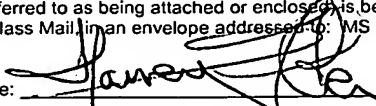
This communication is in response to the Office Action mailed September 19, 2006 setting forth a further Restriction Requirement in the above-identified application.

10/18/2006 MWOLDGE1 00000021 121095 10716789

01 FC:2201 100.00 DA
02 FC:2202 100.00 DA



IFW A

AMENDMENT TRANSMITTAL LETTER				Docket No. DAVIES 3.0-001 CIP II	
Application No. 10/716,789-Conf. #6132		Filing Date November 19, 2003		Examiner M. D. Dryden	
				Art Unit 3736	
Applicant(s): Richard J. Davies					
Invention: ELECTROPHYSIOLOGICAL APPROACHES TO ASSESS RESECTION AND TUMOR ABLATION MARGINS AND RESPONSES TO DRUG THERAPY					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	45	- 41 =	4	x 25.00	100.00
Independent Claims	16	- 15 =	1	x 100.00	100.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					200.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>12-1095</u> in the amount of \$ <u>200.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-1095</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Harvey L. Cohen Attorney/Agent Reg. No.: 28,365				Dated: <u>October 13, 2006</u>	
LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP 600 South Avenue West Westfield, New Jersey 07090 (908) 518-6425					
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.					
Dated: October 13, 2006		Signature:  (Harvey L. Cohen)			